

THE RECORD

RESIDENTIAL CARE NEWSLETTER

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CHANGING ROLES - CLOSING THE GAPS

"In the past year, we have sought to establish mature concepts as to what NARC is and how it relates to the rapidly accelerating public interest and action in our country concerning the welfare of the mentally retarded and the prevention of mental retardation. We believe that NARC's role as a voluntary citizen organization in this field will continue to be a vital one for many decades to come. But we must face the future with the realization that we are part of a broad national and international picture and that flexibility and innovation - the ability to adapt to changes, to embrace new ideas - will be necessary qualities in our planning."

Thomas A. Tucker, President
National Association for Retarded Children
Annual Report, 1966

CHANGING ROLES OF THE RESIDENTIAL INSTITUTION

The "adaptive response" of the residential institution to the impact of recent changes in the field of mental retardation is described by Philip Roos, Ph.D., Superintendent of the Austin (Texas) State School in the AAMD publication, MENTAL RETARDATION, April, 1966:

"ASSIMILATION OF THE INSTITUTION INTO THE COMMUNITY. Institutions are typically actively seeking avenues for reaching into communities and for serving community needs. As a product of increased public acceptance of the retarded, communities are becoming less concerned with keeping the institution at a "safe distance," and they are inviting the institution into the community. The basic result of this rapprochement is that the institution is rapidly assuming a key role in the broad continuum of services becoming available to the retarded. Rather than remaining an agency distinct and separate from community programs, the institution is assuming a prominent part in community programs.

Custodial care and hospitalization are no longer the primary purposes of the institution. The majority of institutional residents are not ill, and hence do not require hospitalization. Many residents have the potentials for community living, so that the appropriate goal of institutionalization of these retardates is habilitation through behavior modification rather than custodial care. Consequently, temporary placement is replacing definite institutionalization for many of those referred to the institution. Many institutions are placing increasing stress on accelerated placement programs, including nursing home placements of older retardates and discharge of young adults to the expanding community sheltered workshops."

Con.

CHANGING ROLES, Con.

"Institutions are rapidly evolving multiple programs aimed at (1) supplementing community resources, (2) facilitating transition from institutional to community living, and/or (3) preventing or minimizing institutionalization by providing alternate services. Such programs include diagnostic and evaluation clinics, day care centers, sheltered workshops, vocational rehabilitation programs, trial placements, day work, and foster home programs.

Bridging the traditional gap between institution and community is being facilitated by three important developments:

- (1) Volunteers are being enlisted in ever-growing numbers to render direct services to the institution. They are increasingly being assimilated into treatment teams, where they function as extensions of the regular institution staff (Ross, 1964).
- (2) Professional members of institutional staffs are offering consultation to agencies, private practitioners, and others in communities. Frequently the institution has the highest concentration of professional talent within an extensive geographical area and serves as a manpower resource for surrounding communities.
- (3) Institutions are placing greater emphasis on involving parents of the retarded in treatment planning. Prevention or reduction in the length of institutionalization is being fostered through pre-admission parent counseling. Parents are being invited to participate in training programs within the institution to equip them to handle their retarded children more effectively (Roos, 1965). Pre- and post-discharge parent counseling are becoming recognized as essential facets of habilitation efforts."

THE INSTITUTION REACHES OUT TO THE COMMUNITY

Community Services Demonstration Project - Wisconsin - "Project 6" is designed to stimulate the development and coordination of comprehensive community-based programs and services for the retarded in a rural area. The project includes programs such as public information, establishment of a fixed point of referral, encouragement in the development of special education services, home training specialist, sheltered workshops and recreational programs. Consultative help is being provided by professionals from Central Wisconsin Colony, the University of Wisconsin and other Wisconsin State Agencies. The five-year project, started in 1964, is supported by federal funds from the U.S. Public Health Service, Mental Retardation Branch, and serves six counties in the Southwest section of the state. The Project has been implemental in setting up a number of Day Care Centers, has established a traveling diagnostic and evaluation team, and offered the services of a Home Training Specialist, (a most successful and well-received service, according to Paul Ansay, Coordinator of the Project.)

A COMMUNITY SERVICES PROGRAM is planned by Southbury Training School, Connecticut: "This is part of a comprehensive state-wide plan to aid the retarded and is available without charge or obligation. This service does not replace other existing services, but is a 'fixed point of information and referral' as described by the President's Panel on Mental Retardation in 1962...Services may range from individual or family counseling, job finding, working closely with the public schools to aid in the adjustment of special class students, and referral to other agencies for specialized help; ...diagnostic services can be provided through the Out-Patient Clinic at STS. "Referrals may be made by the schools, clergy, physicians, attorneys, agencies, families or by the individual himself. The service is designed to be as flexible as necessary for each case.

INSTITUTION - COMMUNITY, Con.

Home Care Counseling Program - Fircrest School, Washington - "The Home Care Counseling Program is a total family program for families making application to Fircrest School for a retarded child. The Program has two main aspects: a teaching, training and counseling aspect for parents; a training, support and guidance aspect for the child. Upon admission to the program, the mother participates for two weeks in an observation, care and training program of the child on the wing to which the child is assigned. During this time, evaluations are completed on the child. At the end of a two-week period, a care and training planning conference is held, and a program planned for the child. Most children stay 24 hours per day Monday through Friday and go home week-ends. While the child is on the program, he is permitted to stay one weekend per month in order to allow the family to have other activities if they so desire. Children are kept on the program for about six months and then sent home. They are eligible to return to the program for additional training periods as needed."

Reported in WHERE THE ACTION IS, UCP publication, October, 1966

The Community Transition Project, a NIMH Hospital Improvement Program project at Parsons State Hospital and Training School in Kansas, has received a grant from the U.S. Vocational Rehabilitation Administration to establish a Community Sheltered Workshop. The aim of the project is to stimulate more active community interest in the need for such facilities throughout the state. Response from the Parsons community has been prompt and gratifying. A group of business and civic leaders is sponsoring the Project, and the city has made a \$3,935 appropriation from its industrial fund to pay for renovating a building to house the operation. Federal funds will be used to establish the workshop and pay for its first year of operation, after which time the facility is expected to be self-supporting, employing both the mentally and physically handicapped. The sheltered workshop already established at PSHTC as a part of the Transition Project will continue in operation as an experimental and demonstration facility, providing work training for potential community employees, and job and cost analyses, time studies, production manuals, etc. for the community operation, with project staff serving as community consultants.

Reported in THE PARSONIAN, Sept. 1966

Another project of the Community Transition Project has been the development of a Summer Day Camp involving both PSHTC youngsters and children from the community, utilizing the Parsons Kiwanis Club site. The 3-week camp, termed a great success by all concerned, was co-sponsored by the Parsons Recreation Commission, with assistance from the PSHTC recreation staff, as well as therapy personnel and nursing service. Also involved were staff from the city recreation department and Girl Scout organization, and five young people hired under the federal Summer Work Experience and Training Project - (S W E A T - see THE RECORD, Summer, 1966.)

THE PARSONIAN, Sept. 1966

The Day Camp program run cooperatively by the Seaside Regional Center and the New London Council of Parents of Retarded Children has received a grant from the Kennedy Foundation to expand the program, bringing into active participation the recreational departments of the various towns in the Greater New London Community in order to provide a better program for retarded children residing at home. The facilities at Seaside will serve as the main site of the program, and many local facilities will be utilized for special events and field trips.

The Willimantic Association for the Retarded and the Mansfield Training School, (Conn.) cooperated in establishing a six-week day camp at the Training School. "Happy parents, smiling kids, contributing volunteers, enthused friends, and campers yelling "we don't want to go home" are indicative of the success of this initial effort. Day Camping for the retarded has started in Willimantic and everything indicates it's here to stay."

THE COMMUNITY AIDS THE INSTITUTION

STATE ASSISTANCE - Michigan has received a federal grant to finance a program of state wide job training and placement for the mentally retarded. The Department of Mental Health, as project originator, plans close collaboration with more than a dozen state, federal and private organizations, including the Michigan ARC. Initially, the project will involve four of the state's institutions for the retarded, Lapeer, Fort Custer, Mt. Pleasant and Coldwater.

Specific objectives of the program include developing institutional and on-the-job training to precede community placement, contacting employers to find appropriate jobs, demonstrating the abilities of the retarded to employers and expanding the working experience of retarded persons already living in the community. Other aspects of the program include counseling, finding living accommodations, providing medical care and encouraging the development of vocational education programs within the state's various school districts.

SHELTERED WORKSHOP MADE AVAILABLE - In a cooperative program with the Division of Vocational Rehabilitation, residents of Northern Wisconsin Colony and Training School, who qualify, receive pre-adjustment training at the Eau Claire Shelter for Handicapped. Colony residents attend the Shelter five days a week for a total of 28 hours. They are transported by Colony bus to Chippewa Falls and by city bus to Eau Claire. The Division of Vocational Rehabilitation provides funds for the city bus service for the residents and also for one meal a week in the community, as part of the learning experience.

FACILITATING TRANSITION TO THE COMMUNITY

SIMULATED COMMUNITY RECONSTRUCTS THE EGO - A simulated community has been developed under the Ego and Milieu Program at Polk State School, (Penna.) by Harry L. Watkins, director of educational activities. The "Community" is set up in the gymnasium, connected to a 75 yard long corridor and four large vestibule areas. The patients are permitted freedom to chart their own course and make their own decisions within the boundaries of this area. The community, which is in existence every Monday evening, consists of factories (producing home-made ice cream, bottled soft drinks, and business supplies) which supply a wholesale distribution system, and adult education courses for waiter and waitress training, charm school training, dancing lessons, music, and arts and crafts. A script-money economic system is used in transactions at the bank, restaurant, root beer and popcorn stand, general store, dance hall, etc. An employment service receives applications for on-the-job training and employment within the community. There is even a municipal office concerned with holding court for community offenses and providing city services such as limited police protection and cleaning public areas. A union serves the dual purpose of listening to grievances and developing group sensitivity among its members.

"The community," explains Mr. Watkins, "was designed to provide the retarded a natural way of participating in recreation and social events, a concrete method of being recognized for the work they perform for others, as a means of meeting their human need for establishing boy-girl friendships, to motivate them to develop comprehensive skills in reading, writing and arithmetic, and to stimulate their already normal reaction to the universal need to work for and spend money. Treatment under the program are provided through the simulated community environment."

Reported in THE CHALLENGE, July-August, 1966
A publication of the Penna. Dept. of Public Welfare

WORKSHOPS STRESS CLOSING THE GAPS

EXPANDING COMMUNITY SERVICES TO THE MENTALLY RETARDED WHO NEED RESIDENTIAL CARE was the theme of the Residential Care Workshop at the Annual Convention of NARC in Kansas City, Missouri, October, 1966.

Mrs. Torrance Etheridge, Chairman of the NARC Residential Care Committee, outlined the Committee's objectives (see THE RECORD, spring, 1966) and announced the appointment of five Residential Care Regional Correspondents who will strengthen the relationship between National and State committees.

Ronald Almack, Hospital Architect, HEW Division of Hospital and Medical facilities, outlined how to obtain federal grants for construction of facilities under the provisions of the Mental Retardation Facilities and community Mental Health Centers Construction Act of 1965, (see P.8) Mr. Almack pointed out that community support is essential when seeking to obtain federal funds.

The Texas plan for Community Participation was outlined by J. E. Bridges, President of the Marbridge Foundation which operates a private residential center, the Marbridge Ranch. Mr. Bridges described how three Texas communities have made plans for Half-Way Houses which involve cooperation between the Texas Department of Mental Health and Mental Retardation, the Texas Rehabilitation Services, ARC'S and private enterprise.

The objectives and organization of the Wisconsin Residential Care Committee was described by Mr. Merlen Kurth, Executive Director of the Wisconsin ARC. Local ARC Residential Care Committees and Colony Sub-committees function under the umbrella of a State-level steering committee which includes the superintendents of Wisconsin's three institutions and the State Director of Mental Retardation Services. The local committees serve as "fixed points of reference" in the community, and endeavor to promote public understanding of the State program, as well as the welfare of residents in public and private institutions.

IMPROVED PATIENT CARE THROUGH VOLUNTEER SERVICES was discussed at the Workshop for Volunteer Service Coordinators held in conjunction with the NARC Convention in Kansas City, which brought together almost a hundred persons representing 37 states and 85 institutions. The Workshop was supported by a contract from the U.S. Public Health Service, Division of Chronic Diseases, Mental Retardation Branch, and represented the first attempt on a national scale to give recognition to the person and the position through which volunteer manpower is channeled into the institution to meet specific needs of the retardates.

Dr. Herbert Grossman, Director, Illinois State Pediatric Institute, stressed that the institution staff must be concerned first with the person, and then with his condition. He suggested that an interdisciplinary rather than a multidisciplinary approach would help to maintain this concern with the whole person. Mrs. Miriam Karlins, Director, Division of Public Information and Volunteer Services, Minnesota Department of Social Welfare, expressed the belief that the Volunteer Service Coordinator can and should be a member of this interdisciplinary team. The third faculty member, Miss Glenna Bolstad, Coordinator Volunteer Services, Indiana Department of Mental Health, recognized that philosophy is sometimes difficult to translate into practice, and urged the participants, as they met for group discussions, to give thoughtful consideration to how successfully they were fulfilling their responsibility to bring improved care to the patients through volunteer service.

Mr. Clayton Kick, NARC Consultant on Residential Care, was responsible for the organization and execution of the Workshop ; Mrs. Dorothy Messerly was Workshop Coordinator.

NEVER UNDERSTIMATE THE POWER OF A VOLUNTEER'.

The volunteers who work on a one-to-one basis as Special Project Volunteers at Lynchburg State Hospital and Training School, Virginia, have a real part in adding new zest to patient living. The Program, described in the Hospital newsletter, involves many students from local high schools and colleges, as well as older volunteers, including men.

Coming weekly to visit the younger patients, volunteers engage in home-type play with each youngster, tea parties and doll dressing with the girls, Indians, train and the like with the boys. They hold the children on their laps, read and sing to them, and encourage inarticulate youngsters to say more words and try more games. Those who visit the eight to fourteen year-olds engage in simple crafts together, do a lot of hiking, and usually have a monthly off-grounds expedition. The volunteers who visit the adolescents listen to their gripes and groans, help with school work, or take them to points of interest in town.

All the volunteers develop a genuine fondness for the patient with whom they visit and each patient becomes very possessive of his volunteer. One boy who had never taken the least pride in his appearance became so aware of the difference between the cleanliness of his hands and those of the young volunteer who was-trying to teach him to play the "uke" that he requested nail file and hand cream; another patient stopped smoking because his volunteer didn't smoke. No one can estimate the effect on each patient that results from his volunteer's individualized attention.

VALUES FOR THE VOLUNTEER - A Summer Volunteer Reports on Project Playmate at Central Wisconsin Colony:

"We were assigned to an aide. From then on we never had a spare moment. Learning names, diapering, playing, feeding, comforting or just plain cuddling became an active part of our day. The days were long and hard.

What did we get in return for this? We got our hair pulled, our arms and legs pinched, and toys thrown at us. We ducked and dodged and became disgusted, but we always went back for more. Why?

Maybe it was because it gave us something to do. Maybe it kept us out of trouble. Sure, it did these things, but it was something else. It was the youngsters reaching out for you, and the good feeling you had when you realized they remembered you. It was all the little things they did that seemed to say "I need you"

From an article written by Bonnie VanAlstine for her school newspaper, and printed in THE POINT, November, 1965

TRAINING THE VOLUNTEER - In March, 1966, the Austin State School received a federal grant to train volunteers. Volunteers will receive special and intensive training by specialists in various areas. There will be personal direction and supervision at all times, as well as counseling so that the volunteer will thoroughly understand his assignment and develop it to its fullest extent. The directors are Dr. Philip Roos, Superintendent, and Dr. Victor Hinjosa, Volunteer Coordinator.

A group of 12 young Texans from the Southern District of the American Lutheran Church spent the summer as volunteers at Wheat Ridge, Colorado, Home and Training School. Two weeks of intensive training and orientation were given by the School staff. Expenses for the students were paid by their home parishes, and they lived with Colorado families. After training, boys and girls alike worked right on the wards like professionals. One young man commented: "I discovered that I had an art I never knew I had before—gentle persuasion."

RESIDENTS AS VOLUNTEERS

Nursing Home Visitation Program at Warren G. Murray Childrens' Center, 111.

"The main goal of the Nursing Home Visitation Program is to provide opportunity for our children to give their love and concern to elderly people who want it and need it. Each Monday and Tuesday evening, seven Murray Center residents go to Fireside Nursing Home to share their lives with their eagerly waiting friends. The Monday night visit has developed into a 'family song fest' type thing, where a resident of the Nursing Home plays the piano and our children mingle with the aged as we sing old songs...The children go to individual rooms also to visit those residents with whom they have become acquainted... The staff at Fireside welcome our children with open arms and even call the Center when a special program is being planned at the Home.

Many good things have happened already in this project and it is hoped it can be expanded to include more children as well as other shut-ins in the community."

Rev. Harvey Kroepel, in the Center NEWS, July 15, 1966

EMPLOYEES AS VOLUNTEERS

"There has been quite an influx of employees serving as volunteers on off-duty time, taking residents off campus, into their homes for a meal, buying them a treat, going fishing or on a picnic, taking them to the Pink Lady Coffee Cup, for a ride to a ball game, for a swim or other delightful experience. We all know how much the Psychiatric Technicians do on the wards with just regular 'duty'; it is heart-warming to know they are willing to care enough to bring many extras into the lives of our children and adults."

Mrs. Helen Stabbert, Coordinator, Volunteer Services,
Faribault State School and Hospital VOLUNTEER VOICE, June, 1966

LEST WE FORGET -

THE NARC SURVEY AND STUDY OF STATE INSTITUTIONS FOR THE
MENTALLY RETARDED, published in 1963 makes the following
recommendations in the chapter on Volunteer Services:

1. Each State Department responsible for administration of residential centers for the mentally retarded should provide the resource and consultant service of a specialist in volunteer services.
2. Every State residential center for the mentally retarded should have a Director of Coordinator of Volunteer Services. Several small, highly specialized residential facilities might well be served through the volunteer program of a community welfare council.
3. An orientation and training program should be provided for all volunteers.
4. In-service training for staff members should include preparation for working with volunteers as a part of the team.
5. Organized volunteer programs should have an Advisory Committee consisting of members of the staff in order that a closer working relationship be established between the volunteer efforts and the overall institutional program.
6. Volunteer services should be established as complementary and supplementary to staff, rather than as a substitute for staff.

THE DESIGN OF FACILITIES - A CHALLENGE TO ARCHITECTS

THE CHALLENGE PRESENTED AT NARC CONVENTION

A review of modern Scandinavian residential facilities was presented through the medium of slides at the NARC Annual Convention in Kansas City, Missouri, Oct. 1966, with comments by Arnold Gangnes, Chairman, NARC Architectural Planning Committee, and A. Rorke Vanston, Hospital Architect, Architectural and Engineering Branch, HEW Division of Hospital and Medical Facilities. The slides shown illustrated how a more homelike and "liveable atmosphere can replace the traditional "institutional environment," through imaginative use of architectural design. The spirit and vitality of European designs should be translated and adapted for use in our own design of facilities, said Mr. Fanston. This is the challenge to architects in the U.S.

THE ROLE OF ARCHITECTURE AS A PART OF TREATMENT was discussed by Arnold Gangnes at the AAMD Annual Meeting in Chicago, May, 1966. "Good design will follow good programming," said Mr. Gangnes, "if all concerned understand the objective goals, and understand the potential of those to be served. ...We cannot continue to design buildings on a two-man basis - the architect and the administrator. We must dig deeply into each staff for ideas...We must work diligently at our own state levels to correct the unfair restrictions imposed on us by uninformed and disinterested state officials. We must work for proper advance planning which will allow us to present programs for which we can get adequate budgetary support. And we must be willing to fight against the imposition on us of outmoded concepts."

FEDERAL HELP AVAILABLE - HEW PUBLICATIONS

Design of Facilities for the Mentally Retarded - prepared by U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Hospital and Medical Facilities, Architectural, Engineering, and Equipment Branch. This publication covers facilities for Diagnosis and Evaluation, Education and Training, and Living Units. Public Health Service Publication No. 1181-C-1, it is available from the U.S. Government Printing Office, Washington, D.C. 20402 @ 35c per copy. Single copies will be supplied free by NARC to those presently planning construction. Contents include Writing the Project Program, Design Concepts (Master Plan, Site Development, Architectural Character) Types of Physical Facilities, Elements of Physical Facilities (Offices, Training Areas, etc.) Basic Planning Considerations, and a Selected Bibliography.

Construction Grants for Community Facilities for the Mentally Retarded, published by the Division of Hospital and Medical Facilities, U.S. Department of Health, Education and Welfare, Public Health Service, Washington, D.C, 20201. This pamphlet, P.H.S. Publication #1181-A-2, lists facts needed by applicants seeking grants for construction of facilities under provisions of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (Title 1, Part C.) Suggestions are given on eligible services and facilities, project selection, and how to apply. The pamphlet is available from Mr. Ronald Almack, Hospital Architect for the Division, and from NARC.

A Selected Bibliography on Residential Care, prepared by NARC in April, 1966, is available from NARC 10c per copy. The Bibliography covers Architectural Design, Residential Programs and Services, Periodicals, Directories, Periodicals published by NARC, and Selected Journals.

FEDERAL PROGRAMS CONTINUE TO PROVIDE AID TO RESIDENTIAL FACILITIES

AMENDMENTS TO LIBRARY SERVICES AND CONSTRUCTION ACT OF 1966 (PL 89-511)

Part A, Title IV - State Institutional Library Services - authorizes the U.S. Commissioner of Education to make grants to state library agencies which have an approved plan for strengthening library services in a variety of state institutions, including residential institutions for the retarded.

Robert M. Gettings, NARC Assistant for Governmental Affairs, points out that prompt action is necessary to assure that library agencies fully consider the library needs of state institutions for the retarded. The fact that state and local matching funds are not required during FY 1967 under the two relevant sections of the Act should provide an additional inducement for action.

Mr. Gettings also explains that federal funds may be used to improve library services to the professional staff of institutions, the intent of Congress being indicated in the Senate Report on the bill (S. Rept. No. 1291). This report states that while "the basic purpose of this part is to extend the benefits of public library services to those persons who are unable, because of their institutional confinement, to use regular community library facilities, it should be recognized that it is important that the resources of state institutional libraries should meet the administrative and technical needs of the staff..." Since the greater portion of the residents of institutions for the retarded are not able to read, they will realize maximum benefit if some of the federal funds for institutional library services are used to increase the knowledge of professional staff members concerning new and improved techniques of treatment and training

Title III - Interlibrary Cooperation - is intended to facilitate the establishment and maintenance of local, regional, state, and interstate cooperative networks of library services. Such a network might be designed to maximize the effective use of library services within a number of cooperating institutions for the retarded on a regional, statewide or multi-state basis, or to facilitate exchanges with state university libraries.

Before a state library agency is eligible to receive funds under Title III a state plan must be submitted and approved by the U.S. Commissioner of Education. The plan must include: provisions for coordinating supplementary services; appropriate allocation of costs; assurance that every appropriate local or other public agency in the state is given an opportunity to participate; criteria for evaluation and assignment of priorities by the state agency; and establishment of a statewide advisory council which broadly represents professional library interests and library users. During fiscal year 1967, no state matching funds will be required; during subsequent years, the federal government will provide 50% of the cost of programs conducted under Title III.

PROJECT GRANTS FOR STUDENT WORK PROGRAMS

The Student Work Experience and Training (SWEAT) program (see THE RECORD, summer, 1966) will again be supported by the Mental Retardation Branch of HEW Public Health Service in 1967. Programs to be supported will offer supervised summer work experience involving diagnostic, treatment, or habilitative aspects of mental retardation. They may be located in any State or local public agency or any private non-profit organization in the United States which provides mental retardation services. Students eligible to participate include high school seniors, college students, and those in medical and nursing schools and in graduate schools of social work, psychology, and other areas of study. Students wishing to join the program must apply to institutions or agencies which have been awarded SWEAT grants, the deadline being December 1, 1966.

FEDERAL PROGRAMS, Con.

AMENDMENT TO TITLE I, ELEMENTARY AND SECONDARY EDUCATION ACT

On November 1, 1965, Title I of the Elementary and Secondary Education Act, Public Law 89-10, was amended by Public Law 89-313 to provide for allocations to State agencies responsible for providing free public education on a non-school-district basis for handicapped children, including the mentally retarded. Approval may be given for educational projects on the preprimary, elementary and secondary educational levels for children and youth under age 21. Projects must be of sufficient size, scope and quality to be effective in meeting the children's needs. In addition, there must be a maintenance of fiscal interest on the part of the schools. Funds are to be used for the expansion of existing programs and the initiation of new ones. More information may be obtained from NARC, or from Dr. Romaine P. Mackie, Chief, Education of Handicapped in Low-Income Areas, Division of Program Operations, U.S. Office of Education, Department of Health, Education, and Welfare, Washington, D.C. Examples of projects already underway are listed below:

Arizona Children's Colony has received funds that will enable the Colony to provide 5 additions to staff (recreation counselor, vocational counselor, and music and speech therapists) and additional office personnel. Materials and instructional equipment that will be purchased include phonographs and records, projector and film strips, speech and hearing equipment, and playground equipment.

Porterville State Hospital, California, has been awarded a grant for outdoor education. Goal of the project is to provide opportunities for individual success, develop coordination and motor control, and promote self-care habits and stimulate language and intellectual development. A permanent campsite is to be constructed, including eight tent-slabs in a semicircular formation facing a campfire, an activity slab, restrooms and storage space, a wading pond and an earthen mound. Intended as a nine-month program, part-time employment of a teacher and assistant is included in the budget for the program, with the first camping session planned for 1967.

Gracewood State School and Hospital, Georgia, received a grant to provide a program of Summer Enrichment, to enhance the ability of residents with rehabilitation potential to return to the community with only minimum adjustment. The two-part program provided extended field trips for residents, and swimming and water-safety training at the institution.

Glenwood and Woodward State Hospital-Schools, Iowa, received Title I grants to expand the teaching staff and lengthen classroom time available for both Trainable and Educable groups. The education program will also be enriched by the addition of physical education, increased speech therapy, and additional use of home economics and crafts.

Woodbridge State School, New Jersey, will expand its Education and Training program to include every resident in this school for the severely retarded. Funds have been received to make it possible to provide a certified teacher for each non-ambulant cottage. The cottage teacher, with advice from the professional staff of other departments, will develop a program to meet the individual needs of all the children, regardless of the severity of their condition. The program will include physical habilitation, occupational therapy, speech training, sense training, self-help and academic training where indicated. The teachers assigned to this program have been receiving extensive training and orientation.

A grant to the New York State Department of Mental Hygiene provided a six-week, concentrated summer educational experience for 60 pupils at Craig Colony School and Hospital, New York. The program was specifically designed to prepare them for entrance into the regular full-time education program in the fall. Included were some students already attending school, in order to maintain and improve existing skills, and prevent the regression which frequently occurs during prolonged vacation periods.

INSTITUTIONS ARE HOSTS FOR VARIED PROGRAMS

CALIFORNIA - A program of Six Lectures on The Comprehensive Care of the Severely Retarded was presented at Sonoma State Hospital in September and October, 1966. The program featured the multidisciplinary team approach through lectures, demonstrations and discussions of special approaches by the staff of the Hospital, and Continuing Education in Medicine and Health Sciences, University of California San Francisco Medical Center. It was made possible by a grant from NIMH. Hanes C. Dawson, M.D., Chief of Professional Education stated: "We are once again departing from the usual lecture type of program, and plan to have all participants provided with the unique opportunity of interacting with the children. From past experience we have found this most effective."

DELAWARE - a five-day Workshop on Mental Retardation was held at the Hospital for the Mentally Retarded Nov. 7-11, 1966. The Workshop was sponsored by the Delaware Foundation for Retarded Children with a twofold purpose: 1) To present the latest medical aspects of retardation, including pre-natal, natal and post-natal causes, and 2) To provide an understanding of "operant conditioning" and how it can be successfully utilized in training the retardate. In addition, Mr. David Ray, Executive Director of the President's Committee on Mental Retardation, outlined the role of the federal government in providing services for the retarded.

NEW JERSEY - An institute on Psychology and Mental Retardation was presented by the New Jersey Psychological Association and the E. R. Johnstone Training and Research Center at the Center in February, 1966. The institute covered Psychological Services for the Retarded, and State Psychological Services. The title of the evening section of the program was "Professional Services in Mental Retardation: A Coordinate or Subordinate Arrangement?"

NATIONAL CONFERENCE EXPLORES PROGRAMING

A National Conference on Programing for the Mentally Retarded was held in Washington, D.C., from Oct. 31 through Nov. 2, 1966. The Conference was sponsored by the American Association for Health, Physical Education and Recreation Project on Physical Fitness for the Retarded, a three-year project funded by the Joseph P. Kennedy, Jr. Foundation, and now in its second year.

Participants explored and exchanged ways of bringing recreation and physical activity to bear on the development and learning of the retarded. Films and slides were shown and a number of demonstrations given. Panel discussions covered such subjects as community-residential facility co-operation, young adult and adult recreation programs, scouting for the retarded, sex education, and recreation for the severely and profoundly retarded.

Highlights were the keynote address by Maynard Reynolds, director of the Department of Special Education at the University of Minnesota, the closing remarks by Mrs. Eunice Kennedy Shriver, executive vice president of the Joseph P. Kennedy, Jr. Foundation; and a talk by Mr. Trygvie Lie, director of Teachers' Courses, Ministry of Education, Oslo.

Omission: The Editor regrets that sources were omitted from the chart showing availability of Institutional Care for the Mentally Retarded used in the summer RECORD (Vol. 10, #2, P.9) in connection with NARC's testimony on Medical Benefits for Dependents of Members of the Armed Services. Interested persons may obtain a listing of sources and notes by writing to Mr. Clayton J. Kick, NARC Residential Care Consultant, 420 Lexington Ave., New York, N.Y. 10017

NAMES IN THE NEWS

David B. Ray, Jr., has been appointed Executive Director of the President's Committee on Mental Retardation by John W. Gardner, Secretary of the Department of Health, Education, and Welfare and Chairman of the Committee appointed by the President to evaluate current programs to combat mental retardation. Mr. Ray is also currently Mideastern Chairman for AAMD, and a member of the National Board of the Association.

Dr. Sol S. Silverman, Superintendent of The Warren G. Murray Childrens' Center, (Illinois) replaces Dr. Robert I. Jaslow as chairman of the AAMD Special Committee on Standards for Residential Facilities. (Dr. Jaslow is currently chief, Mental Retardation Branch, U.S. Public Health Service.)

S. F. Casalaina, M.D., has resigned as Superintendent of Pacific State Hospital, California, to continue training in psychiatry. "Dr. Cas." has been succeeded by Vernon Bugh, M.D., (formerly Associate Superintendent at Camarillo State Hospital,) who had been serving as Acting Superintendent at Pacific.

Dr. Erwin Sage has retired as Superintendent of Idaho State School, to become Senior Consultant to the Idaho Foundation for Medicine and Biology.

Mr. William Lawler has been named Assistant Superintendent of Lincoln State School, Illinois. Mr. Lawler joined the Lincoln staff following eight years as administrator of the Travis, Texas, State School.

Dr. In Sung Kwak, Superintendent of Kansas State Tuberculosis Sanatorium and its MR Unit at Norton, died suddenly in August, 1966. Dr. Kwak had been Superintendent since 1962.

Dr. James R. Connelly has been appointed Acting Superintendent of Cresson State School and Hospital in Pennsylvania.

The Texas Department of Mental Health and Mental Retardation has announced that Malcolm C. Lauderdale, formerly Director of Personnel Management of the Texas Department of Hospitals and Schools, has become the new Superintendent of Mexia State School. John W. Gladden, Ph.D., will serve as Superintendent of the Lubbock State School, Monty Sontag, Ed.D., as Superintendent of the Corpus Christi State School, and H. Russell White, Ed.D., as Director of the Amarillo Mental Retardation Center. Dr. Floyd McDowell has left NIMH to become a staff member of the Department. He will be Superintendent of a new residential facility being constructed in Richmond, a suburb of Houston.

Residential Care Committee Correspondents have been appointed for five of the six NARC Regions:

Mr. Keith Wright
247 Hewett Building
Des Moines, Iowa 50309

Mrs. Mary Jeffery
4460 Crestview Drive
Norco, California 91760

Mrs. Pearl Nelson
1622 Calvados Drive
Cocoa, Florida

Mr. James Low
2605 Cleveland
Everett, Washington 98201

Mrs. Lila Thompson
1214 Pecan
Richmond, Texas